LEDGE VIEW NURSING CENTER, INC.

3737 DICKINSON ROAD

DE PERE 54115 Phone: (920) 336-7733 Ownershi p: Corporati on Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 38 Yes Total Licensed Bed Capacity (12/31/01): 38 Title 19 (Medicaid) Certified? Yes Average Daily Census: 23 Number of Residents on 12/31/01: 23

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%				
Home Health Care	No	Primary Diagnosis	%	Age Groups	% <u> </u>	Less Than 1 Year	30. 4				
Supp. Home Care-Personal Care	No				<u>J</u>	1 - 4 Years	56 . 5				
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	8. 7	More Than 4 Years	13. 0				
Day Services	No	Mental Illness (Org./Psy)	21. 7	65 - 74	0.0						
Respite Care	No	Mental Illness (Other)	4. 3	75 - 84	60.9		100. 0				
Adult Day Care	No	Alcohol & Other Drug Abuse	4. 3	85 - 94	26. 1	*********	*****				
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	4.3	95 & 0ver	4.3	Full-Time Equivalent					
Congregate Meals	No	Cancer	0. 0	ĺ	(Nursing Staff per 100 Res	i dents				
Home Delivered Meals	No	Fractures	21. 7		100. 0	(12/31/01)					
Other Meals	No	Cardi ovascul ar	26. 1	65 & 0ver	91. 3						
Transportation	No	Cerebrovascul ar	4. 3			RNs	12. 6				
Referral Service	No	Di abetes	4. 3	Sex	%	LPNs	11. 8				
Other Services	No	Respi ratory	4. 3		Ì	Nursing Assistants,					
Provide Day Programming for		Other Medical Conditions	4. 3	Male	34.8	Aides, & Orderlies	38. 9				
Mentally Ill	No			Femal e	65. 2						
Provi de Day Programming for			100. 0		j						
Developmentally Disabled	No				100.0						

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther]	Pri vate Pay	•		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	1	100. 0	236	17	94. 4	113	0	0.0	0	4	100.0	110	0	0.0	0	0	0.0	0	22	95. 7
Intermedi ate				1	5. 6	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	4.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100. 0		18	100.0		0	0.0		4	100.0		0	0.0		0	0.0		23	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period		`					
0 1 0	ľ		Total				
Percent Admissions from:		Activities of	%	Ass	istance of	% Totally	Number of
Private Home/No Home Health	3. 4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		73. 9	26. 1	23
Other Nursing Homes	17. 2	Dressing	4. 3		69. 6	26. 1	23
Acute Care Hospitals	72. 4	Transferring	47.8		21. 7	30. 4	23
Psych. HospMR/DD Facilities	0.0	Toilet Use	34. 8		34. 8	30. 4	23
Reĥabilitation Hospitals	0.0	Eati ng	65. 2		21. 7	13. 0	23
Other Locations	6. 9	**************	******	******	*********	*********	*****
Total Number of Admissions	29	Conti nence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	0. 0	Receiving I	Respi ratory Care	0. 0
Private Home/No Home Health	29. 4	Occ/Freq. Incontinent		60. 9		Tracheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	47.8	Receiving S	Sucti oni ng	0. 0
Other Nursing Homes	11.8	•			Receiving (Ostomy Care	0. 0
Acute Care Hospitals	23. 5	Mobility			Recei vi ng T	Tube Feedi ng	13. 0
Psych. HospMR/DD Facilities	2.9	Physically Restrained	d	13. 0	Recei vi ng 1	Mechanically Altered Diets	34. 8
Reĥabilitation Hospitals	0.0	i i			· ·	v	
Other Locations	11.8	Skin Care			Other Resider	nt Characteristics	
Deaths	20.6	With Pressure Sores		4. 3	Have Advance	ce Directives	73. 9
Total Number of Discharges		With Rashes		0.0	Medi cati ons		
(Including Deaths)	34	ĺ			Receiving I	Psychoactive Drugs	60. 9
		•			Ü		

************************************ Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownershi p: Propri etary Peer Group		Und	Si ze: er 50 Group	Li censure: Skilled Peer Group		Al l Faci l	l lities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	60. 5	82. 7	0. 73	83. 8	0. 72	84. 3	0. 72	84. 6	0. 72	
Current Residents from In-County	69. 6	82. 1	0. 85	74. 6	0. 93	82. 7	0. 84	77. 0	0. 90	
Admissions from In-County, Still Residing	6. 9	18. 6	0. 37	33. 2	0. 21	21. 6	0. 32	20. 8	0. 33	
Admissions/Average Daily Census	126. 1	178.7	0. 71	75. 3	1. 67	137. 9	0. 91	128. 9	0. 98	
Di scharges/Average Daily Census	147. 8	179. 9	0. 82	77. 3	1. 91	139. 0	1.06	130.0	1. 14	
Discharges To Private Residence/Average Daily Census	43. 5	76. 7	0. 57	15. 9	2. 73	55. 2	0. 79	52. 8	0. 82	
Residents Receiving Skilled Care	95. 7	93. 6	1. 02	91. 2	1.05	91.8	1. 04	85 . 3	1. 12	
Residents Aged 65 and Older	91. 3	93. 4	0. 98	97. 7	0. 93	92. 5	0. 99	87. 5	1. 04	
Title 19 (Medicaid) Funded Residents	78 . 3	63. 4	1. 24	60. 7	1. 29	64. 3	1. 22	68. 7	1. 14	
Private Pay Funded Residents	17. 4	23 . 0	0. 75	36. 2	0. 48	25. 6	0. 68	22 . 0	0. 79	
Developmentally Disabled Residents	0. 0	0. 7	0.00	1.4	0. 00	1. 2	0. 00	7. 6	0. 00	
Mentally Ill Residents	26 . 1	30. 1	0. 87	33. 9	0. 77	37. 4	0. 70	33. 8	0. 77	
General Medical Service Residents	4. 3	23. 3	0. 19	24 . 3	0. 18	21. 2	0. 21	19. 4	0. 22	
Impaired ADL (Mean)	48. 7	48. 6	1. 00	51. 1	0. 95	49. 6	0. 98	49. 3	0. 99	
Psychological Problems	60. 9	50. 3	1. 21	58 . 2	1. 05	54 . 1	1. 13	51. 9	1. 17	
Nursing Care Required (Mean)	6. 5	6. 2	1. 05	7. 0	0. 93	6. 5	1. 00	7. 3	0. 89	